## **SECTION I – CONTACT INFORMATION**

CLAIMANT INFORMATION			
Claimant/Contact Name: (Last, First)			
Coyne, John			
Business/Institution Name: (if applicable)	Prisoner ID: (if applicable)		
Big Harn Endoral Covings Book			
Big Horn Federal Savings Bank			
Address: (Include Street, City, State, and Zip Code)			
33 N. 6th Street, P.O. Box 471, Greybull, WY 82426			
33 N. O Street, P.O. Box 47 1, Greybuil, WT 02420			
Social Security Number/Tax Identification Number: (E	Inter N/A if you do not have one)		
	,		
83-0105255			
Please provide an explanation why you do not have	a Social Security Number, if above is N/A:		
·			
Phone: (optional)	Email: (optional)		
207 705 4440	i a a una a O Shi ah a un fa da un l		
307-765-4412 <b>ATTORNEY INFORM</b>	jcoyne3@bighornfederal.com		
	IATION (II applicable)		
Attorney Name: (Last, First)			
Royal, Randy L.			
Attorney Title:			
Automog Title.			
Firm Name: (if applicable)	**************************************		
Tim Name. (ii applicable)			
Randy L. Royal, P.C.			
Attorney Address: (Include Street, City, State, and Zip Code)			
524 5th Avenue S., P.O. Box 551, Greybull, WY 82426			
Are you an attorney filing this claim on behalf of your client? ■ YES □ NO			
Attorney Phone: (optional)	Attorney Email: (optional)		
307-765-4433	rlroyal@randylroyalpc.com		
f any of this information changes, you are responsible for	notifulna the eacher of the new information		

# **SECTION II – ASSET LIST**

List each asset ID and asset description that you are claiming.

#	Asset ID	Asset Description
		1106 Julie Lane, Powell, WY 82435
		468 Hamilton Way, Powell, WY 82435

### SECTION III - INTEREST IN PROPERTY

Identify your interest in each of the assets you are claiming. If you are filing for multiple assets and the responses are not the same for each asset, please print out multiple copies of this page to submit with the claim. If you have documentation that supports your interest in the claimed assets (e.g., bill of sale, retail installment agreements, contracts, titles or mortgages), please include copies of the documents with the submission of the claim.

INTEREST IN PROPERTY INFORMATION				
Asset ID	Asset Description			
	1106 Julie Lane, Powell, WY 82435			
	468 Hamilton Way, Powell, WY 82435			

In the space below, please explain why you have a valid, good faith, and legally recognizable interest in this asset:

Big Horn Federal Savings bank has a valid and perfected security interest in each of the above-described assets by way of recorded Mortgages, Assignments of Rent and a Promissory Note (see descriptions below).

In the space below, please list any documents you are including in support of your interest in the asset(s). If none are included, please explain why.

### 1106 Julie Lane, Powell, WY 82425:

- Mortgage, dated November 1, 2012, Recorded with the Park County Clerk & Recorder on November 2, 2012 as Document No. 2012-6459
- Assignment of Rents, dated November 1, 2012, Recorded with the Park County Clerk & Recorder on November 2, 2012 as Document No. 2012-6460.
- Warranty Deed, dated August 14, 2007, Recorded with the Park County Clerk & Recorder on September 14, 2008 as Document No. 2008-6464

#### 468 Hamilton Way, Powell, WY 82435:

- Mortgage, dated November 1, 2012, Recorded with the Park County Clerk & Recorder on November 2, 2012 as Document No. 2012-6463
- Assignment of Rents, dated November 1, 2012, Recorded with the Park County Clerk & Recorder on November 2, 2012 as Document No. 2012-6464.
- Quitclaim Deed, dated May 11, 2009, Recorded with the Park County Clerk & Recorder on May 12, 2009 as Document No. 2009-4396

#### **Documents Applicable to All Assets:**

- Promissory Note No. 7200001163, dated November 1, 2012 in the amount of \$487,931.02
- Disbursement Request and Authorization, dated November 1, 2012 for Note No. 7200001163
- Loan Payoff Statement for Note No. 7200001163, dated April 15, 2019
- Agreement to Provide Insurance

### SECTION IV - RECOVERY OF LOSS

Complete this section for assets you have recovered all or a portion of your losses either via an insurance claim and/or via some other source of recovery. If you have more recovery of loss information than may fit on this page, print out multiple copies of this page to attach with the claim and indicate which assets apply to each page. If you have not received any recovery of your losses, then leave this section blank.

	RECOVERY OF LOSS INFORMATION		
Asset ID	Asset Description		
	1106 Julie Lane, Powell, WY 82435	 	-
	468 Hamilton Way, Powell, WY 82435	 	

INSURANCE CLAIM INFORMATION (if applicable)				
Name of Insured: (Last, First) Northwest Wyoming Treatment Center				
Policy Number: PHPK1647007	Claim Number: None			
Name of Insurance Company: Philadelphia Indemnity Insurance Company	Name of Insurance Agent: (Last, First) HUB International Mountain States Limited			
Insurance Company Address: (Include Street, City, State, and Zip Code) 1100 Wilson, Suite 8, Pinedale, WY 82941				
Phone: (optional) 307-367-3487	Email: (optional) Stephanie.crozier@hubinternational.com			
Have you received compensation from the insurance company? ☐ YES ■ NO	Amount of Compensation: \$0.00			

If other sources of recovery exist (e.g., restitution, returns on investment or other settlements), please list and describe the details below.

OTHER SOURCE(S) OF RECOVERY (if applicable)			
Source of Recovery 1: None	Amount of Recovery:		
Source of Recovery 2: None	Amount of Recovery:		

In the space below, please list any documents you are including in support of your claim of recovery of loss. If none are included, please explain why.

Claimant has not recovered any funds from any insurance carrier or other source applicable in partial or complete satisfaction of the claim.

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### **SECTION V – DECLARATION**

The following declaration must be completed by the claimant.

I attest and declare under penalty of perjury that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.

John Coyne, III President & CEO, Big Horn Federal Savings Bank

Signature

**Printed Name** 

9/22/19

Date

If a court finds that a claimant's assertion of an interest in property was frivolous, the court may impose a civil fine. Title 18 United States Code, Subsection 983(h). A false statement or claim may subject a person to criminal prosecution under Title 18 United States Code, Sections 1001 and 1621.

STATE OF WYOMING )
COUNTY OF BIG HORN) ss.

The foregoing was subscribed and sworn to before me this Wood day of April, 2019 by John Coyne, III, President and CEO of Big Horn Federal Savings Bank.

Witness my hand and official seal.

NOTARY PUBLIC

My Commission expires:

RANDY L ROYAL NOTARY PUBLIC
COUNTY OF STATE OF WYOMING
MY COMMISSION EXPRES MANUARY 4, 2020

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